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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/599,048
Filing Date	Jun 21, 2000
First Named Inventor	Erickson
Group Art Unit	2122
Examiner Name	STEELMAN, MARY J
Total Number of Pages in This Submission	Attorney Docket Number
	MS1-563US

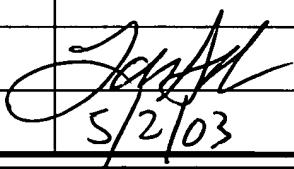
MAY 08 2003

Technology Center 2100

ENCLOSURES (check all that apply)

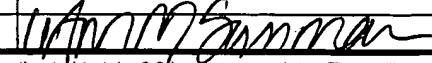
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) Sheets	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449 (2 pages) and 30 cited references
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
 22801 <small>PATENT TRADEMARK OFFICE</small>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lance R. Sadler
Signature	
Date	5/21/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: *5/21/03*

Typed or printed name	LeAnn M. Sassman	Date	5/21/03
Signature			

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FEET TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

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First Named Inventor	Erickson	Technology Center 2100
Examiner Name	STEELMAN, MARY J	
Art Unit	2122	
Attorney Docket No.	MS1-563US	

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	12-0769
Deposit Account Name	Lee & Hayes, PLLC

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375			Utility filing fee	
1002 330	2002 165			Design filing fee	
1003 520	2003 260			Plant filing fee	
1004 750	2004 375			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1) (\$)		0			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X 18 =	
			- 3** =	X 84 =	

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9			Claims in excess of 20	
1201 84	2201 42			Independent claims in excess of 3	
1203 280	2203 140			Multiple dependent claim, if not paid	
1204 84	2204 42			** Reissue independent claims over original patent	
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0			

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for ex parte reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55			Extension for reply within first month	
1252 410	2252 205			Extension for reply within second month	
1253 930	2253 465			Extension for reply within third month	
1254 1,450	2254 725			Extension for reply within fourth month	
1255 1,970	2255 985			Extension for reply within fifth month	
1401 320	2401 160			Notice of Appeal	
1402 320	2402 160			Filing a brief in support of an appeal	
1403 280	2403 140			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 110	2452 55			Petition to revive - unavoidable	
1453 1,300	2453 650			Petition to revive - unintentional	
1501 1,300	2501 650			Utility issue fee (or reissue)	
1502 470	2502 235			Design issue fee	
1503 630	2503 315			Plant issue fee	
1460 130	1460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	180
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 750	2809 375			Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375			For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375			Request for Continued Examination (RCE)	
1802 900	1802 900			Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

180

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Lance R. Sadler	Registration No. (Attorney/Agent)	38,605	Telephone (509) 324-9256
Signature			Date	5/2/03

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